Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Entertainment Software Association PAC (ESA PAC) 601 Massachusetts Avenue, NW ADDRESS (number and street) Suite 300 West (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS amolina@theesa.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2016 C00439216 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Molina, Ana, , , Type or Print Name of Treasurer Molina, Ana,,, [Electronically Filed] 10 2016 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE	raye z				
Can	didate	Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Cand	e of didate						
	didate / Affiliati	Office Sought: House Senate President	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name Cand	e of lidate						
Part	ty Con	mmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a				
		Corporation Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pacommittee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Nam		DA 0 /50	۸ ۵ ۸ ۵ ۷					
Entertainment	Software Association	n PAC (ES/	A PAC)					
6. Name of Any Connected	Organization, Affiliated Committee, Jo	oint Fundraising Repr	esentative, or Lea	dership PAC Sponsor				
Entertainment Softwa	re Association							
Mailing Address	601 Massachusetts Avenue, NW							
	Suite 300 West							
	Washington		DC 200	01 				
	CITY		STATE	ZIP CODE				
Relationship: x Connected	ed Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor				
 Custodian of Records: Ide books and records. 	entify by name, address (phone number	optional) and positi	on of the person in	n possession of committee				
Molina, A	na, , ,							
	601 Massachusetts Avenue, NW							
Mailing Address	Suite 300 West							
	Washington		DC 200	001				
Title or Position	CITY		STATE	ZIP CODE				
Custodian of Records		Telephone num	202 					
	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name Molina, A	na, , ,							
Mailing Address	601 Massachusetts Avenue, NW							
	Suite 300 West							
	Washington		DC 200	01 - -				
	CITY		STATE	ZIP CODE				
Title or Position Treasurer		Telephone num	ber 202					

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Full Name of Designated Agent	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>						
Mailing Address								
	CITY STATE Z	IP CODE						
Title or Position								
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Capitol One Bank								
Mailing Address	7501 Wisconsin Avenue							
	Bethesda MD 20814							
	CITY STATE Z	IP CODE						
Name of Bank, I	Depository, etc.							
Mailing Address								
	CITY STATE Z	IP CODE						